

PRIVACY NOTIFICATION

This data sheet contains information that HR Division maintains on you as an employee. Please complete all boxes immediately below the questions.

The State of California Information Practices Act of 1977 requires the Los Alamos National Laboratory to provide the following notification to individuals who are asked to supply personal information. The Laboratory requests information on this form for use by various Laboratory organizations for personnel, accounting, and other related administrative purposes. The Division Leader of Human Resources or other Laboratory officials are responsible for maintaining the information contained on this form. University of California policies and Federal and State statutes authorize the maintenance of information. Furnishing the requested information is voluntary, but failure to provide part of the information may result in an inability to complete administrative action necessary to provide your benefits and rights as an employee of the Laboratory. The Laboratory staff responsible for personnel, accounting, and other related purposes might use the information furnished by you. The information may be furnished to third parties, as required by Law. You may review your own records in accordance with Laboratory policy. Information on this policy may be obtained from the Laboratory's Information Practices Coordinator at 667-4515.

Los Alamos National Laboratory Employee Profile

PERSONAL INFORMATION

Z-Number:

Name: (Last, First, Middle)

Hire Date:

Work Location:

☐ Los Alamos

☐ Offsite : _____


Gender 

Date of Birth

Ethnicity 

Marital Status 

Are you disabled? 

Do you need any disability accommodations? 

Are you a Special Disabled Veteran? 

Your Country of Citizenship

Spouse's Name (Last, First)

Primary Branch of Military Service 

Current Reserve Status 

Branch of Reserves 

Are you a Vietnam-era Veteran? 

Are you a covered Veteran? 

Provide date of Active Duty Discharge 

MAILING ADDRESS

Street Address or P. O. Box

City/Community

State

Zip Code/International Code

HOME ADDRESS

Street Address or P. O. Box

City/Community

State

Zip Code/International Code

TELEPHONE NUMBER (S)

Home

Cell

Pager

Other

County of Residence 

School District 

If employed previously by the University of California, please indicate ORGANIZATION, CLASSIFICATION, AND APPROXIMATE DATES.

EMERGENCY CONTACT INFORMATION

Name

Telephone Number

Street Address

City/Community

State

Zip/Int'l Code

(H)

(W)

(H)

(W)

NEAR RELATIVES EMPLOYED BY THE LABORATORY – UC EMPLOYEES ONLY

Name (PLEASE PRINT)

Z#

Organization

Relationship to you